



Late or No Prenatal Care Utilization Clark County and Washington State, 1992 through 2001

Why we should care:

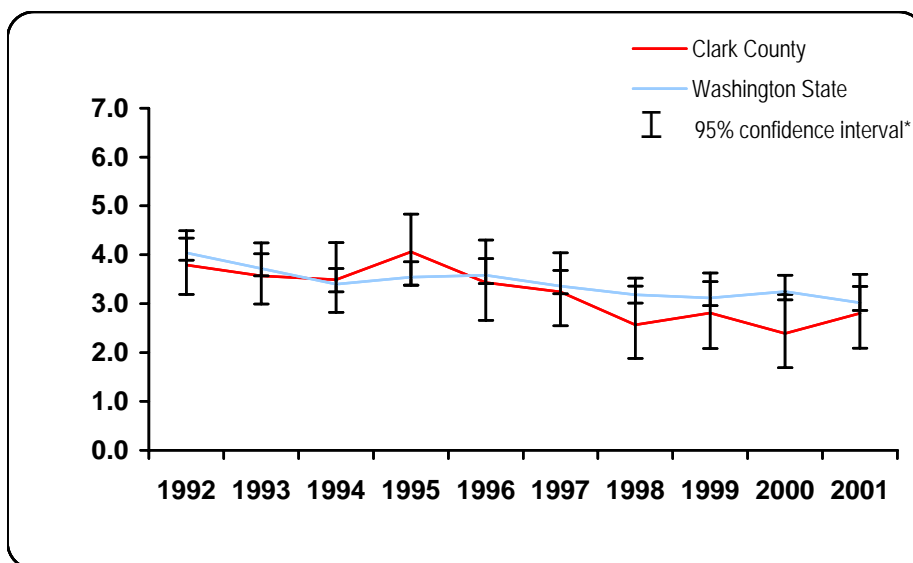
Prenatal care (PNC) throughout pregnancy increases opportunities for improving the long-term health of mothers and their infants, thereby promoting a healthier society and lower financial burden to families and taxpayers. (1) Women who begin PNC late in pregnancy, e.g., after the sixth month, are at greater risk for poor pregnancy outcomes. (1)

Status:

- In Clark County 2.8% of women giving birth received late or no prenatal care in 2001. (2,3)
- This percent continues to decline and is barely lower than the Washington State rate where 3.0 % of all women who gave birth in 2001 had late or no prenatal care. (2,3)

What we can do:

- Support programs that remove financial obstacles to women's access to early prenatal care. (1)
- Support culturally appropriate prenatal care services. (1)
- Support efforts to ensure an adequate supply and geographic distribution of diverse providers who are able to provide initial appointments within two weeks of request. (1)
- Promote and support women's participation in Family Planning clinics, the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), and Maternity Support Services (MSS). Participation in these programs increases the likelihood of receiving timely and adequate prenatal care. (4,5,6)



| Clark County | | | | Washington State | | |
|--------------|-----------------------|------------|--------|-----------------------|------------|--------|
| Year | % with Late or No PNC | 95% CI* | Number | % with Late or No PNC | 95% CI* | Number |
| 1992 | 3.8 | (3.2, 4.4) | 151 | 4.0 | (3.9, 4.2) | 3,060 |
| 1993 | 3.6 | (3.0, 4.2) | 147 | 3.7 | (3.6, 3.9) | 2,793 |
| 1994 | 3.5 | (3.0, 4.1) | 151 | 3.4 | (3.3, 3.5) | 2,493 |
| 1995 | 4.1 | (3.5, 4.7) | 185 | 3.5 | (3.4, 3.7) | 2,528 |
| 1996 | 3.4 | (2.9, 4.0) | 162 | 3.6 | (3.4, 3.7) | 2,575 |
| 1997 | 3.2 | (2.8, 3.8) | 160 | 3.4 | (3.2, 3.5) | 2,385 |
| 1998 | 2.6 | (2.2, 3.1) | 131 | 3.2 | (3.1, 3.3) | 2,284 |
| 1999 | 2.8 | (2.4, 3.3) | 145 | 3.1 | (3.0, 3.3) | 2,243 |
| 2000 | 2.4 | (2.0, 2.8) | 129 | 3.3 | (3.1, 3.4) | 2,429 |
| 2001 | 2.8 | (2.4, 3.3) | 149 | 3.0 | (2.9, 3.2) | 2,208 |

*If the confidence intervals for state and county overlap in a given year, there is no significant difference between these rates

See back side for sources.



Sources: (1) Washington State Department of Health. The Health of Washington State. Prenatal Care. Olympia, WA, 2002, Aug [cited 2002, Nov] 418p. (2) Vital Registration System, Annual Statistics Files, Births 1980-2001. [Data file]. Olympia, WA: Washington State Department of Health, Center for Health Statistics. (3) Public Health: Seattle & King County, Epidemiology, Planning, & Evaluation. (1991-2003). VistaPHw 2.3.2, 2002 [Computer software for public health assessment]. Seattle, WA. (4) National Target: US Dept of Health and Human Services, Healthy People 2010, Objective 16-6: Increase to 90% the proportion of pregnant women receiving early (beginning in the first trimester) and adequate prenatal care. (5) Jamieson D., & Bhescher P. (1992, September/October). The effect of family planning participation on prenatal care use and low birth weight. *Family Planning Perspectives*, 24 (5), 214-218. (6) Rush D. et al. (1988). Historical study of pregnancy outcomes. *American Journal of Clinical Nutrition*, 48, 412-28. (7) Farow D., Baldwin L., Cawthon M.L., & Connell F. (1996). The impact of extended maternity services on prenatal care use among Medicaid women. *American Journal of Preventive Medicine*, 12 (2), 103-107.